MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1	1				
3						
4						
5		1				
6		1				
7						
8	1					
9		1				
10						
11		1				
12		1				
13						
14		1				
15		1				
16		1				
17	1					
18		1				
19	1					
20	1					
21		1				
22	1					
23	C	1	14			
24	1					
25		7				
26		7				
27		7				
28		7				
29		7				
30		7				
31		7				
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41		7				
42		7				
43		7				
44		7				
45		7				
46		7				
47		7				
48		7				
49		7	1			
50		1				
TOTAL IND.	7					
TOTAL DEP.	193					
TOTAL CLAIMS	200					

		IND	DEP	IND	DEP	IND	DEP
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
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93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							